

*The Rural Veterans Health Access Program
presents:*


Strategies to Identify Risks of Self-harm and Reduce the Incidence of Self-harm and Suicide

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Rural Veterans Health Access Program

**The Rural Veterans Health Access Program (RVHAP) is
part of the Rural and Community Health Systems
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The goal of the Rural Veterans Health Access program is to utilize telehealth and health information technology to enhance access and quality of mental health service and other health care services to veterans residing in rural areas.



To fulfill this goal the Alaska RVHAP supports telehealth networks that provide services in different settings to enhance access to and quality of mental health service and other healthcare services, to veterans residing in rural areas, including the provision of:

- Video-linked statewide availability of counseling with experienced mental health clinicians for trauma and other emotional health concerns
- Crisis intervention services



**For more information on the RVHAP or this webinar
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Strategies to Identify Risks of Self-harm and Reduce the Incidence of Self-harm and Suicide

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Disclosure



Goal

Additional or alternative tools that a clinician may use to help assess the likelihood of a patient intentionally harming himself or completing an act of suicide by looking at psychological antecedents that indicate increasing levels of risk.

This is not a discussion of the epidemiology of suicide or the specific treatments types (e.g. medications, psychotherapies) that could be used to treat underlying disease states that may contribute to a person deciding to end their life.

A Complement, a Thanks and a Concern

Always remember you are treating not
only the patient



Reduction of Suffering with the Preservation of Dignity

The Fundamental Role of the Healthcare
Provider...and the Expectation of Patients

Can Suicide be Prevented?



A Word About Words

“successful” suicide or
“failed” suicide attempt

There is nothing successful in suicide

There are completed suicides
Non-fatal self-harm attempts
Aborted self-harm attempts

“Are You Feeling Suicidal?”

- Suicide is not a feeling
- Hopelessness and Desperation are feelings
- Suicide is a behavior carried out by persons feeling desperate and hopeless who are at the end of a continuum of self-harm risk

The Epidemiology of Suicide

- Problems in definition, diagnosis and measurement
- Epidemiology of suicide (Inherently inaccurate)
 - Cannot measure failed suicides
 - Can chart deaths labeled as suicide and follow trends

Things Are Not Always as They Appear

The Uncertainty of Statistics and Scientific
Evidence

The inherent difficulty in recognizing
suicidal intent

Intentional Suicide, Accidental Suicide, and Para-Suicidal Behaviors

The Woman at the Motel

Mr. Nails

An Unlucky Driver ?



The Woman at the Motel

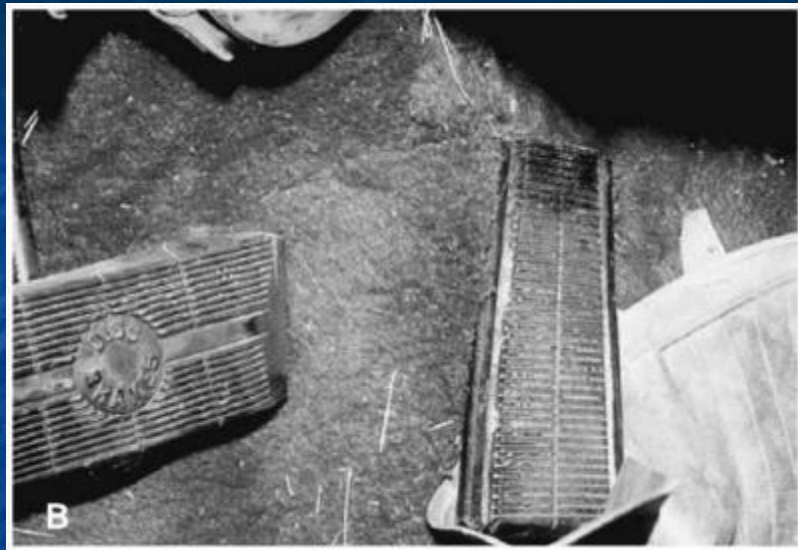


Mr. Nails



An Unlucky Driver ?





How to View and Manage Suicide Risks

Treating Statistics vs. Managing the Emotions and Behaviors Contributing to the Statistics

Example: Owning a Gun...the Misfire...
And the Gun Lock



So What Do We Do Short of Reading Minds?



Identify/Monitor/Manage

Identify Risks

- Analyze emotional risk factors
 - Hopeful or hopeless
 - Confident or desperate
 - View on a continuum
- Know and assess statistical risk factors
 - Past attempts, weapons, plan, SA, etc.

Monitor Risk

- It's Ongoing and Dynamic -



Manage Risk

(Treatment/Education/Access)



Diagnosing and Treating Underlying Illness

Medical vs. Emotional (a false dichotomy)

- Depression
- Unrelenting anxiety
- Intolerable pain
- Narcissistic injury
- Unbearable grief/loss

Treating Underlying Illness is only One Aspect of Managing risk

- Not all severely depressed persons progress to suicide
- Persons with seemingly mild to moderate anxiety end their lives
- The degree of pain does not directly predict suicide
- Most traumatized persons do not become suicidal...It's more than the event

Essential: Assess and Address the Emotional Overlay

Helps explain the perplexity of others

“Why did he do this...he seemed so normal”

“But The patient was doing so well”

“We had not idea she felt so badly”

Manageable Risk Factors

Ideation → Plan

Ambivalence

Warnings

Inhibitions

Hope

Ideation → Plan

- Determining Presence of SI/SP/SB
- Expressed vs. Implied
- Verbalized vs. Silent Resignation
- Behaviorally Expressed
 - Non-verbal warnings
 - The anxious patient

Ambivalence



- You will only meet ambivalent suicidal individuals
- Your goal: Amplify the survival side of the ambivalence



Warnings

- Be aware of silent resignation
- Getting things in order
- New insurance policies
- A new will
- Giving away precious possessions
- Acute serenity

Inhibitions

- Normal biological striving to resist death
- Overriding inhibitions
 - ETOH/SA (50% factor)
 - Psychosis
 - Dementia
 - Passion



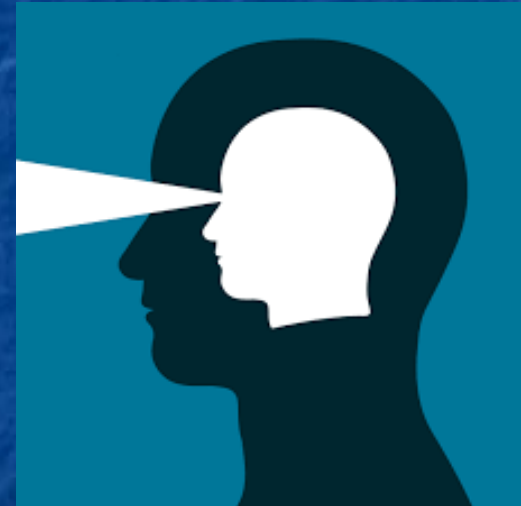
Hope

- The belief in a reduction of suffering with the preservation of dignity
- A hopeless patient is a high risk patient
 - Ask your patient: “When do you think things will get better”
- Faith saves lives

What to Do

What Works / What Doesn't

- Your Best and Most Reliable Tool is Your Clinical Intuition
 - Listen to it
 - Refine It (the value of experience)
 - Pursue What Does Not Make Sense



Some Tools & Advice

- Fight denial (“He wouldn’t do that”)
- Whenever you suspect SI...suspect HI
- Use shame carefully and avoid condescension
- Guilt...It's limited but important use (explore the patient's fantasy of what follows their death)



No Suicide Contracts

Do They Work?



The Treatment Approach

- Personalize the risk reduction tx plan.
- Preserve dignity
- Treatment
 - counseling > medication
 - counsel, medicate, both, or neither
- Education (patient, spouse, family, community)

More Tools & More Advice

- Examine the “Exquisite Moment” and conduct psychological autopsies
- The therapeutic window for prevention (its short...act fast)
- When in Doubt...Consult

Specific Assessment Techniques

How to Ask About Suicidal Ideation

"Sometimes when people feel depressed and discouraged as you do, they wonder if life is worth living. Does that ever happen to you?"

How to Ask About Homicidal Thoughts

“Feeling depressed and suicidal sometimes makes people have unpleasant thoughts like taking the lives of others, even loved ones. Has that ever happened to you?”

How to Approach Discussion of the "Exquisite Moment"

"Its hard to talk about the difficult time when you were about to take your life. But what we can learn from that is so important. Tell me what you were thinking when you had the gun to your head, but decided at the last moment to live?"

How to Advise Getting Rid of the Guns

Acknowledge competence, but share the statistics

"We want to put things in your favor for getting well and being safe. We know that when people are depressed and have ready access to guns they are at a much higher risk of injury or death."

More “Do’s”

- Assess the health of the support network
- Encourage and reward sobriety and abstinence from mind altering illicit drugs (including THC)
- Encourage compliance with MH rxs
- Encourage removal of weapons
- Listen for future oriented comments
 - *perhaps the best prognostic indicator of lowering risk
- Therapeutic availability is crucial (but what does that entail?)

And Then.....

- Reward yourself, recharge your batteries. You will do better work for your patients
- Do not blame yourself for a bad outcome. It cannot be determined...it serves no purpose
- Be grateful knowing that you are making an important difference...you are.



(Battery Recharged....)